

ENFORCEMENT REVIEW  
Preliminary Site Investigation Reports  
Uncontrolled Hazardous Waste Site Project

Reviewer: D StefaniDate: 6/4/80Site: Draper Tractor Parts, Inc.  
Spokane, WA

Potential for Enforcement Action (based upon file information)

|              |                        |
|--------------|------------------------|
| <u>    </u>  | Likely                 |
| <u>    </u>  | Possible               |
| <u>  ✓  </u> | Not Likely             |
| <u>    </u>  | Unknown (See comments) |

## Recommendation:

|              |  |
|--------------|--|
| <u>    </u>  | Site File should be referred to Enforcement. |
| <u>  ✓  </u> | Site File should be Kept Open (see Comments) |
| <u>    </u>  | Site File Should be Closed.                  |

## Comments:

1. Well on property should be considered for  
sampling (if high enough priority)
2. Tosco Corp waste oil ponds should be  
added to HWS list.
3. File should be closed if well sample does not  
indicate problem

USEPA SF



1556167



POTENTIAL HAZARDOUS WASTE SITE  
FINAL STRATEGY DETERMINATION

REGION 10 SITE NUMBER WA 1980

File this form in the regional Hazardous Waste Log File and submit a copy to: U.S. Environmental Protection Agency; Site Tracking System; Hazardous Waste Enforcement Task Force (EN-335); 401 M St., SW; Washington, DC 20460.

I. SITE IDENTIFICATION

A. SITE NAME DRAPER TRACTOR PARTS, INC.  
B. STREET N. 8525 FREYA  
C. CITY SPOKANE  
D. STATE WA  
E. ZIP CODE 99207

II. FINAL DETERMINATION

Indicate the recommended action(s) and agency(ies) that should be involved by marking 'X' in the appropriate boxes.

| RECOMMENDATION   | MARK 'X' | ACTION AGENCY |       |       |         |
|--|----------|---------------|-------|-------|---------|
|  |          | EPA           | STATE | LOCAL | PRIVATE |
| A. NO ACTION NEEDED  |          |               |       |       |         |
| B. REMEDIAL ACTION NEEDED, BUT NO RESOURCES AVAILABLE<br>(If yes, complete Section III.)   | X        |               |       |       |         |
| C. REMEDIAL ACTION (If yes, complete Section IV.)  |          |               |       |       |         |
| D. ENFORCEMENT ACTION (If yes, specify in Part E whether the case will be primarily managed by the EPA or the State and what type of enforcement action is anticipated.) |          |               |       |       |         |

E. RATIONALE FOR FINAL STRATEGY DETERMINATION

Ground is saturated with oil wastes - not impacting groundwater

F. IF A CASE DEVELOPMENT PLAN HAS BEEN PREPARED, SPECIFY THE DATE PREPARED (mo., day, & yr.).

G. IF AN ENFORCEMENT CASE HAS BEEN FILED, SPECIFY THE DATE FILED (mo., day, & yr.).

H. PREPARER INFORMATION

1. NAME N. THOMPSON  
2. TELEPHONE NUMBER (206) 442-2852  
3. DATE (mo., day, & yr.) APR 1982

III. REMEDIAL ACTIONS TO BE TAKEN WHEN RESOURCES BECOME AVAILABLE

List all remedial actions, such as excavation, removal, etc. to be taken as soon as resources become available. See instructions for a list of Key Words for each of the actions to be used in the spaces below. Provide an estimate of the approximate cost of the remedy.

| A. REMEDIAL ACTION               | B. ESTIMATED COST | C. REMARKS                |
|----------------------------------|-------------------|---------------------------|
| Remove/Contain contaminated soil | \$ —              | petroleum waste (oil)     |
|                                  | \$                | no remedial action money. |
|                                  | \$                |                           |
|                                  | \$                |                           |
|                                  | \$                |                           |
|                                  | \$                |                           |
|                                  | \$                |                           |
|                                  | \$                |                           |
|                                  | \$                |                           |
| D. TOTAL ESTIMATED COST          | \$                |                           |



## IV. REMEDIAL ACTIONS

A. SHORT TERM/EMERGENCY ACTIONS (*On Site and Off-Site*): List all emergency actions taken or planned to bring the site under immediate control, e.g., restrict access, provide alternate water supply, etc. See instructions for a list of Key Words for each of the actions to be used in the spaces below.

| 1. ACTION | 2. ACTION<br>START<br>DATE<br>(mo, day, & yr) | 3. ACTION<br>END<br>DATE<br>(mo, day, & yr) | 4.<br>ACTION AGENCY<br>(EPA, State,<br>Private Party) | 5. COST | 6. SPECIFY 311 OR OTHER ACTION;<br>INDICATE THE MAGNITUDE OF<br>THE WORK REQUIRED. |
|-----------|---|---|---|---------|--|
|           |   |   |   | \$      |  |
|           |   |   |   | \$      |  |
|           |   |   |   | \$      |  |
|           |   |   |   | \$      |  |
|           |   |   |   | \$      |  |
|           |   |   |   | \$      |  |

B. LONG TERM STRATEGY (*On Site and Off-Site*): List all long term solutions, e.g., excavation, removal, ground water monitoring wells, etc. See instructions for a list of Key Words for each of the actions to be used in the spaces below.

| 1. ACTION | 2. ACTION<br>START<br>DATE<br>(mo, day, & yr) | 3. ACTION<br>END<br>DATE<br>(mo, day, & yr) | 4.<br>ACTION AGENCY<br>(EPA, State,<br>Private Party) | 5. COST | 6. SPECIFY 311 OR OTHER ACTION;<br>INDICATE THE MAGNITUDE OF<br>THE WORK REQUIRED. |
|-----------|---|---|---|---------|--|
|           |   |   |   | \$      |  |
|           |   |   |   | \$      |  |
|           |   |   |   | \$      |  |
|           |   |   |   | \$      |  |
|           |   |   |   | \$      |  |
|           |   |   |   | \$      |  |

## C. MANHOURS AND COST BY ACTION AGENCY

| 1. ACTION AGENCY             | 2. TOTAL MAN-<br>HOURS FOR<br>REMEDIAL ACTIVITIES | 3. TOTAL COST FOR<br>REMEDIAL ACTIVITIES |
|------------------------------|---|--|
| a. EPA                       |   | \$                                       |
| b. STATE                     |   | \$                                       |
| c. PRIVATE PARTIES           |   | \$                                       |
| d. OTHER ( <i>specify</i> ): |   | \$                                       |



POTENTIAL HAZARDOUS WASTE SITE  
TENTATIVE DISPOSITION

REGION 10 SITE NUMBER 1980

File this form in the regional Hazardous Waste Log File and submit a copy to: U.S. Environmental Protection Agency; Site Tracking System; Hazardous Waste Enforcement Task Force (EN-335); 401 M St., SW; Washington, DC 20460.

I. SITE IDENTIFICATION

|   |                                   |                             |
|---|-----------------------------------|-----------------------------|
| A. SITE NAME<br><i>DRAPER TRACTOR PARTS, INC.</i> | B. STREET<br><i>N. 8525 FREYA</i> |                             |
| C. CITY<br><i>SPokane</i>                         | D. STATE<br><i>WA</i>             | E. ZIP CODE<br><i>99207</i> |

II. TENTATIVE DISPOSITION

Indicate the recommended action(s) and agency(ies) that should be involved by marking 'X' in the appropriate boxes.

| RECOMMENDATION  | MARK 'X' | ACTION AGENCY |       |       |         |
|---|----------|---------------|-------|-------|---------|
|   |          | EPA           | STATE | LOCAL | PRIVATE |
| A. NO ACTION NEEDED -- NO HAZARD  |          |               |       |       |         |
| B. INVESTIGATIVE ACTION(S) NEEDED (If yes, complete Section III.)   | X        | X             | X     |       |         |
| C. REMEDIAL ACTION NEEDED (If yes, complete Section IV.)  |          |               |       |       |         |
| D. ENFORCEMENT ACTION NEEDED (if yes, specify in Part E whether the case will be primarily managed by the EPA or the State and what type of enforcement action is anticipated.) |          |               |       |       |         |

E. RATIONALE FOR DISPOSITION

*Oil has saturated the ground 20-30 ft deep. Adjacent property has oil on ground. Site may require better control.*

F. INDICATE THE ESTIMATED DATE OF FINAL DISPOSITION (mo., day, & yr.)

G. IF A CASE DEVELOPMENT PLAN IS NECESSARY, INDICATE THE ESTIMATED DATE ON WHICH THE PLAN WILL BE DEVELOPED (mo., day, & yr.)

H. PREPARER INFORMATION

|                               |  |  |
|-------------------------------|--|--|
| 1. NAME<br><i>N. Thompson</i> | 2. TELEPHONE NUMBER<br><i>(206) 442-2850</i> | 3. DATE (mo., day, & yr.)<br><i>MAY 80</i> |
|-------------------------------|--|--|

III. INVESTIGATIVE ACTIVITY NEEDED

A. IDENTIFY ADDITIONAL INFORMATION NEEDED TO ACHIEVE A FINAL DISPOSITION.

- WELL SAMPLING -*
- CONTACT AND INSPECT ADJACENT PROPERTY*

B. PROPOSED INVESTIGATIVE ACTIVITY (Detailed Information)

| 1. METHOD FOR OBTAINING NEEDED ADDITIONAL INFO. | 2. SCHEDULED DATE OF ACTION (mo., day, & yr.) | 3. TO BE PERFORMED BY (EPA, Contractor, State, etc.) | 4. ESTIMATED MANHOURS | 5. REMARKS |
|---|---|--|-----------------------|------------|
| a. TYPE OF SITE INSPECTION                      |   |  |                       |            |
| (1) <i>preliminary field</i>                    |   |  |                       |            |
| (2) <i>well sampling</i>                        |   |  |                       |            |
| (3)   |   |  |                       |            |
| b. TYPE OF MONITORING                           |   |  |                       |            |
| (1) <i>well</i>                                 |   |  |                       |            |
| (2)   |   |  |                       |            |
| c. TYPE OF SAMPLING                             |   |  |                       |            |
| (1) <i>grab</i>                                 |   |  |                       |            |
| (2)   |   |  |                       |            |



## III. INVESTIGATIVE ACTIVITY NEEDED and PART B-PROPOSED INVESTIGATIVE ACTIVITY (Continued)

## d. TYPE OF LAB ANALYSIS

(1)

pils.

(2)

PCB

## e. OTHER (specify)

(1)

(2)

C. ELABORATE ON ANY OF THE INFORMATION PROVIDED IN PART B (on front &amp; above) AS NEEDED TO IDENTIFY ADDITIONAL INVESTIGATIVE WORK.

## D. ESTIMATED MANHOURS BY ACTION AGENCY

| 1. ACTION AGENCY  | 2. TOTAL ESTIMATED MANHOURS FOR INVESTIGATIVE ACTIVITIES | 1. ACTION AGENCY   | 2. TOTAL ESTIMATED MANHOURS FOR INVESTIGATIVE ACTIVITIES |
|-------------------|--|--------------------|--|
| a. EPA            |  | b. STATE           |  |
| c. EPA CONTRACTOR |  | d. OTHER (specify) |  |

## IV. REMEDIAL ACTIONS

A. SHORT TERM/EMERGENCY STRATEGY (On Site &amp; Off-Site): List all emergency actions needed to bring site under immediate control, e.g., re-strict access, provide alternate water supply, etc. See instructions for a list of Key Words for each of the actions to be used in the space below.

| 1. ACTION | 2. EST. START DATE<br>(mo, day, & yr) | 3. EST. END DATE<br>(mo, day, & yr) | 4. ACTION AGENCY<br>(EPA, State, Private Party) | 5. ESTIMATED COST | 6. SPECIFY 311 OR OTHER ACTION;<br>INDICATE THE MAGNITUDE OF<br>THE WORK REQUIRED |
|-----------|---------------------------------------|-------------------------------------|---|-------------------|---|
|           |                                       |                                     |   | \$                |   |
|           |                                       |                                     |   | \$                |   |
|           |                                       |                                     |   | \$                |   |
|           |                                       |                                     |   | \$                |   |
|           |                                       |                                     |   | \$                |   |
|           |                                       |                                     |   | \$                |   |

B. LONG TERM STRATEGY (On Site &amp; Off-Site): List all long term solutions, e.g., excavation, removal, ground water monitoring wells, etc. See instructions for a list of Key Words for each of the actions to be used in the spaces below.

| 1. ACTION | 2. EST. START DATE<br>(mo, day, & yr) | 3. EST. END DATE<br>(mo, day, & yr) | 4. ACTION AGENCY<br>(EPA, State, Private Party) | 5. ESTIMATED COST | 6. SPECIFY 311 OR OTHER ACTION;<br>INDICATE THE MAGNITUDE OF<br>THE WORK REQUIRED |
|-----------|---------------------------------------|-------------------------------------|---|-------------------|---|
|           |                                       |                                     |   | \$                |   |
|           |                                       |                                     |   | \$                |   |
|           |                                       |                                     |   | \$                |   |
|           |                                       |                                     |   | \$                |   |
|           |                                       |                                     |   | \$                |   |
|           |                                       |                                     |   | \$                |   |

## C. ESTIMATED MANHOURS AND COST BY ACTION AGENCY

| 1. ACTION AGENCY   | 2. TOTAL EST. MANHOURS FOR REMEDIAL ACTIVITIES | 3. TOTAL EST. COST FOR REMEDIAL ACTIVITIES | 1. ACTION AGENCY   | 2. TOTAL EST. MANHOURS FOR REMEDIAL ACTIVITIES | 3. TOTAL EST. COST FOR REMEDIAL ACTIVITIES |
|--------------------|--|--|--------------------|--|--|
| a. EPA             |  |  | b. STATE           |  |  |
| c. PRIVATE PARTIES |  |  | d. OTHER (specify) |  |  |



POTENTIAL HAZARDOUS WASTE SITE  
FINAL STRATEGY DETERMINATION

REGION SITE NUMBER

10

1980

File this form in the regional Hazardous Waste Log File and submit a copy to: U.S. Environmental Protection Agency; Site Tracking System; Hazardous Waste Enforcement Task Force (EN-335); 401 M St., SW; Washington, DC 20460.

I. SITE IDENTIFICATION

|  |                            |                      |
|--|----------------------------|----------------------|
| A. SITE NAME<br>DRAPER TRACTOR PARTS, INC. | B. STREET<br>N. 8525 FREYA |                      |
| C. CITY<br>SPOKANE                         | D. STATE<br>WA             | E. ZIP CODE<br>99207 |

II. FINAL DETERMINATION

Indicate the recommended action(s) and agency(ies) that should be involved by marking 'X' in the appropriate boxes.

| RECOMMENDATION   | MARK 'X' | ACTION AGENCY |       |       |         |
|--|----------|---------------|-------|-------|---------|
|  |          | EPA           | STATE | LOCAL | PRIVATE |
| A. NO ACTION NEEDED  | X        |               |       |       |         |
| B. REMEDIAL ACTION NEEDED, BUT NO RESOURCES AVAILABLE<br>(If yes, complete Section III.)   |          |               |       |       |         |
| C. REMEDIAL ACTION (If yes, complete Section IV.)  |          |               |       |       |         |
| D. ENFORCEMENT ACTION (If yes, specify in Part E whether the case will be primarily managed by the EPA or the State and what type of enforcement action is anticipated.) |          |               |       |       |         |

E. RATIONALE FOR FINAL STRATEGY DETERMINATION

F. IF A CASE DEVELOPMENT PLAN HAS BEEN PREPARED, SPECIFY THE DATE PREPARED (mo., day, & yr.).

G. IF AN ENFORCEMENT CASE HAS BEEN FILED, SPECIFY THE DATE FILED (mo., day, & yr.).

H. PREPARER INFORMATION

1. NAME 2. TELEPHONE NUMBER 3. DATE (mo., day, & yr.)

III. REMEDIAL ACTIONS TO BE TAKEN WHEN RESOURCES BECOME AVAILABLE

List all remedial actions, such as excavation, removal, etc. to be taken as soon as resources become available. See instructions for a list of Key Words for each of the actions to be used in the spaces below. Provide an estimate of the approximate cost of the remedy.

| A. REMEDIAL ACTION      | B. ESTIMATED COST | C. REMARKS |
|-------------------------|-------------------|------------|
|                         | \$                |            |
|                         | \$                |            |
|                         | \$                |            |
|                         | \$                |            |
|                         | \$                |            |
|                         | \$                |            |
|                         | \$                |            |
|                         | \$                |            |
|                         | \$                |            |
| D. TOTAL ESTIMATED COST | \$                |            |



## IV. REMEDIAL ACTIONS

A. SHORT TERM/EMERGENCY ACTIONS (*On Site and Off-Site*): List all emergency actions taken or planned to bring the site under immediate control, e.g., restrict access, provide alternate water supply, etc. See instructions for a list of Key Words for each of the actions to be used in the spaces below.

| 1. ACTION | 2. ACTION<br>START<br>DATE<br>(mo, day, & yr) | 3. ACTION<br>END<br>DATE<br>(mo, day, & yr) | 4.<br>ACTION AGENCY<br>(EPA, State,<br>Private Party) | 5. COST | 6. SPECIFY 311 OR OTHER ACTION;<br>INDICATE THE MAGNITUDE OF<br>THE WORK REQUIRED. |
|-----------|---|---|---|---------|--|
|           |   |   |   | \$      |  |
|           |   |   |   | \$      |  |
|           |   |   |   | \$      |  |
|           |   |   |   | \$      |  |
|           |   |   |   | \$      |  |
|           |   |   |   | \$      |  |

B. LONG TERM STRATEGY (*On Site and Off-Site*): List all long term solutions, e.g., excavation, removal, ground water monitoring wells, etc. See instructions for a list of Key Words for each of the actions to be used in the spaces below.

| 1. ACTION | 2. ACTION<br>START<br>DATE<br>(mo, day, & yr) | 3. ACTION<br>END<br>DATE<br>(mo, day, & yr) | 4.<br>ACTION AGENCY<br>(EPA, State,<br>Private Party) | 5. COST | 6. SPECIFY 311 OR OTHER ACTION;<br>INDICATE THE MAGNITUDE OF<br>THE WORK REQUIRED. |
|-----------|---|---|---|---------|--|
|           |   |   |   | \$      |  |
|           |   |   |   | \$      |  |
|           |   |   |   | \$      |  |
|           |   |   |   | \$      |  |
|           |   |   |   | \$      |  |
|           |   |   |   | \$      |  |

## C. MANHOURS AND COST BY ACTION AGENCY

| 1. ACTION AGENCY             | 2. TOTAL MAN-<br>HOURS FOR<br>REMEDIAL ACTIVITIES | 3. TOTAL COST FOR<br>REMEDIAL ACTIVITIES |
|------------------------------|---|--|
| a. EPA                       |   | \$                                       |
| b. STATE                     |   | \$                                       |
| c. PRIVATE PARTIES           |   | \$                                       |
| d. OTHER ( <i>specify</i> ): |   | \$                                       |



POTENTIAL HAZARDOUS WASTE SITE  
IDENTIFICATION AND PRELIMINARY ASSESSMENT

REGION

10

SITE NUMBER (to be assigned by Hq)

1980

**NOTE:** This form is completed for each potential hazardous waste site to help set priorities for site inspection. The information submitted on this form is based on available records and may be updated on subsequent forms as a result of additional inquiries and on-site inspections.

**GENERAL INSTRUCTIONS:** Complete Sections I and III through X as completely as possible before Section II (Preliminary Assessment). File this form in the Regional Hazardous Waste Log File and submit a copy to: U.S. Environmental Protection Agency; Site Tracking System; Hazardous Waste Enforcement Task Force (EN-335); 401 M St., SW; Washington, DC 20460.

## I. SITE IDENTIFICATION

|   |                       |   |                                      |
|---|-----------------------|---|--------------------------------------|
| A. SITE NAME<br><i>DRAPER TRACTOR PARTS, INC.</i>   |                       | B. STREET (or other identifier)<br><i>N. 8525 FREYA</i> |                                      |
| C. CITY<br><i>SPOKANE</i>   | D. STATE<br><i>WA</i> | E. ZIP CODE<br><i>99207</i>                             | F. COUNTY NAME<br><i>SPOKANE</i>     |
| G. OWNER/OPERATOR (if known)<br>1. NAME<br><i>SAME</i>  |                       | 2. TELEPHONE NUMBER<br><i>(509) 467-0695</i>            |                                      |
| H. TYPE OF OWNERSHIP<br><input type="checkbox"/> 1. FEDERAL <input type="checkbox"/> 2. STATE <input type="checkbox"/> 3. COUNTY <input type="checkbox"/> 4. MUNICIPAL <input checked="" type="checkbox"/> 5. PRIVATE <input type="checkbox"/> 6. UNKNOWN |                       |   |                                      |
| I. SITE DESCRIPTION<br><i>oil disposal on-site</i>  |                       |   |                                      |
| J. HOW IDENTIFIED (i.e., citizen's complaints, OSHA citations, etc.)<br><i>DOE</i>  |                       |   | K. DATE IDENTIFIED (mo., day, & yr.) |
| L. PRINCIPAL STATE CONTACT<br>1. NAME<br><i>Jim Malm Dept. of Ecology</i>   |                       | 2. TELEPHONE NUMBER<br><i>(509) 456-2926</i>            |                                      |

## II. PRELIMINARY ASSESSMENT (complete this section last)

|  |  |  |
|--|--|--|
| A. APPARENT SERIOUSNESS OF PROBLEM<br><input type="checkbox"/> 1. HIGH <input type="checkbox"/> 2. MEDIUM <input type="checkbox"/> 3. LOW <input type="checkbox"/> 4. NONE <input checked="" type="checkbox"/> 5. UNKNOWN  |  |  |
| B. RECOMMENDATION<br><input type="checkbox"/> 1. NO ACTION NEEDED (no hazard)<br><input checked="" type="checkbox"/> 3. SITE INSPECTION NEEDED<br>a. TENTATIVELY SCHEDULED FOR:<br><i>MAR 80</i><br>b. WILL BE PERFORMED BY:<br><i>EPA/State</i><br><input type="checkbox"/> 2. IMMEDIATE SITE INSPECTION NEEDED<br>a. TENTATIVELY SCHEDULED FOR:<br>b. WILL BE PERFORMED BY:<br><input type="checkbox"/> 4. SITE INSPECTION NEEDED (low priority) |  |  |
| C. PREPARER INFORMATION<br>1. NAME<br><i>NEIL THOMPSON</i>   | 2. TELEPHONE NUMBER<br><i>(206) 442-2850</i> | 3. DATE (mo., day, & yr.)<br><i>MAR 80</i> |

## III. SITE INFORMATION

|  |  |
|--|--|
| A. SITE STATUS<br><input checked="" type="checkbox"/> 1. ACTIVE (Those industrial or municipal sites which are being used for waste treatment, storage, or disposal on a continuing basis, even if infrequently.)<br><input type="checkbox"/> 2. INACTIVE (Those sites which no longer receive wastes.)<br><input type="checkbox"/> 3. OTHER (specify):<br>(Those sites that include such incidents like "midnight dumping" where no regular or continuing use of the site for waste disposal has occurred.) |  |
| B. IS GENERATOR ON SITE?<br><input checked="" type="checkbox"/> 1. NO <input type="checkbox"/> 2. YES (specify generator's four-digit SIC Code):   |  |
| C. AREA OF SITE (in acres)<br><i>15</i>  | D. IF APPARENT SERIOUSNESS OF SITE IS HIGH, SPECIFY COORDINATES<br>1. LATITUDE (deg., min., sec.)<br>2. LONGITUDE (deg., min., sec.) |
| E. ARE THERE BUILDINGS ON THE SITE?<br><input type="checkbox"/> 1. NO <input checked="" type="checkbox"/> 2. YES (specify):  |  |



## IV. CHARACTERIZATION OF SITE ACTIVITY

Indicate the major site activity(ies) and details relating to each activity by marking 'X' in the appropriate boxes.

| 'X' | A. TRANSPORTER      | 'X' | B. STORER              | 'X' | C. TREATER                | 'X' | D. DISPOSER              |
|-----|---------------------|-----|------------------------|-----|---------------------------|-----|--------------------------|
|     | 1. RAIL             |     | 1. PILE                |     | 1. FILTRATION             |     | 1. LANDFILL              |
|     | 2. SHIP             |     | 2. SURFACE IMPOUNDMENT |     | 2. INCINERATION           |     | 2. LANDFARM              |
|     | 3. BARGE            |     | 3. DRUMS               |     | 3. VOLUME REDUCTION       |     | 3. OPEN DUMP             |
|     | 4. TRUCK            |     | 4. TANK, ABOVE GROUND  |     | 4. RECYCLING/RECOVERY     |     | 4. SURFACE IMPOUNDMENT   |
|     | 5. PIPELINE         |     | 5. TANK, BELOW GROUND  |     | 5. CHEM./PHYS. TREATMENT  |     | 5. MIDNIGHT DUMPING      |
|     | 6. OTHER (specify): |     | 6. OTHER (specify):    |     | 6. BIOLOGICAL TREATMENT   |     | 6. INCINERATION          |
|     |                     |     |                        |     | 7. WASTE OIL REPROCESSING |     | 7. UNDERGROUND INJECTION |
|     |                     |     |                        |     | 8. SOLVENT RECOVERY       |     | 8. OTHER (specify):      |
|     |                     |     |                        |     | 9. OTHER (specify):       |     |                          |

E. SPECIFY DETAILS OF SITE ACTIVITIES AS NEEDED

## V. WASTE RELATED INFORMATION

## A. WASTE TYPE

☐ 1. UNKNOWN    ☐ 2. LIQUID    ☐ 3. SOLID    ☐ 4. SLUDGE    ☐ 5. GAS

## B. WASTE CHARACTERISTICS

☐ 1. UNKNOWN    ☐ 2. CORROSIVE    ☐ 3. IGNITABLE    ☐ 4. RADIOACTIVE    ☐ 5. HIGHLY VOLATILE  
☐ 6. TOXIC    ☐ 7. REACTIVE    ☐ 8. INERT    ☐ 9. FLAMMABLE
☐ 10. OTHER (specify):

## C. WASTE CATEGORIES

1. Are records of wastes available? Specify items such as manifests, inventories, etc. below.

2. Estimate the amount(specify unit of measure)of waste by category; mark 'X' to indicate which wastes are present.

| a. SLUDGE       |                     | b. OIL          |                     | c. SOLVENTS     |                            | d. CHEMICALS    |                      | e. SOLIDS       |                               | f. OTHER        |                            |
|-----------------|---------------------|-----------------|---------------------|-----------------|----------------------------|-----------------|----------------------|-----------------|-------------------------------|-----------------|----------------------------|
| AMOUNT          |                     | AMOUNT          |                     | AMOUNT          |                            | AMOUNT          |                      | AMOUNT          |                               | AMOUNT          |                            |
| UNIT OF MEASURE |                     | UNIT OF MEASURE |                     | UNIT OF MEASURE |                            | UNIT OF MEASURE |                      | UNIT OF MEASURE |                               | UNIT OF MEASURE |                            |
| 'X'             | (1) PAINT, PIGMENTS | 'X'             | (1) OILY WASTES     | 'X'             | (1) HALOGENATED SOLVENTS   | 'X'             | (1) ACIDS            | 'X'             | (1) FLYASH                    | 'X'             | (1) LABORATORY PHARMACEUT. |
|                 | (2) METALS SLUDGES  |                 | (2) OTHER(specify): |                 | (2) NON-HALOGNTD. SOLVENTS |                 | (2) PICKLING LIQUORS |                 | (2) ASBESTOS                  |                 | (2) HOSPITAL               |
|                 | (3) POTW            |                 |                     |                 | (3) OTHER(specify):        |                 | (3) CAUSTICS         |                 | (3) MILLING/ MINE TAILINGS    |                 | (3) RADIOACTIVE            |
|                 | (4) ALUMINUM SLUDGE |                 |                     |                 |                            |                 | (4) PESTICIDES       |                 | (4) FERROUS SMLTG. WASTES     |                 | (4) MUNICIPAL              |
|                 | (5) OTHER(specify): |                 |                     |                 |                            |                 | (5) DYES/INKS        |                 | (5) NON-FERROUS SMLTG. WASTES |                 | (5) OTHER(specify):        |
|                 |                     |                 |                     |                 |                            |                 | (6) CYANIDE          |                 | (6) OTHER(specify):           |                 |                            |
|                 |                     |                 |                     |                 |                            |                 | (7) PHENOLS          |                 |                               |                 |                            |
|                 |                     |                 |                     |                 |                            |                 | (8) HALOGENS         |                 |                               |                 |                            |
|                 |                     |                 |                     |                 |                            |                 | (9) PCB              |                 |                               |                 |                            |
|                 |                     |                 |                     |                 |                            |                 | (10) METALS          |                 |                               |                 |                            |
|                 |                     |                 |                     |                 |                            |                 | (11) OTHER(specify)  |                 |                               |                 |                            |

## V. WASTE RELATED INFORMATION (continued)

3. LIST SUBSTANCES OF GREATEST CONCERN WHICH MAY BE ON THE SITE (place in descending order of hazard).

4. ADDITIONAL COMMENTS OR NARRATIVE DESCRIPTION OF SITUATION KNOWN OR REPORTED TO EXIST AT THE SITE.

## VI. HAZARD DESCRIPTION

| A. TYPE OF HAZARD                                      | B. POTENTIAL HAZARD (mark 'X') | C. ALLEGED INCIDENT (mark 'X') | D. DATE OF INCIDENT (mo., day, yr.) | E. REMARKS |
|--|--------------------------------|--------------------------------|-------------------------------------|------------|
| 1. NO HAZARD   |                                |                                |                                     |            |
| 2. HUMAN HEALTH  |                                |                                |                                     |            |
| 3. NON-WORKER INJURY/EXPOSURE                          |                                |                                |                                     |            |
| 4. WORKER INJURY                                       |                                |                                |                                     |            |
| 5. CONTAMINATION OF WATER SUPPLY                       |                                |                                |                                     |            |
| 6. CONTAMINATION OF FOOD CHAIN                         |                                |                                |                                     |            |
| 7. CONTAMINATION OF GROUND WATER                       |                                |                                |                                     |            |
| 8. CONTAMINATION OF SURFACE WATER                      |                                |                                |                                     |            |
| 9. DAMAGE TO FLORA/FAUNA                               |                                |                                |                                     |            |
| 10. FISH KILL  |                                |                                |                                     |            |
| 11. CONTAMINATION OF AIR                               |                                |                                |                                     |            |
| 12. NOTICEABLE ODORS                                   |                                |                                |                                     |            |
| 13. CONTAMINATION OF SOIL                              |                                |                                |                                     |            |
| 14. PROPERTY DAMAGE                                    |                                |                                |                                     |            |
| 15. FIRE OR EXPLOSION                                  |                                |                                |                                     |            |
| 16. SPILLS/LEAKING CONTAINERS/ RUNOFF/STANDING LIQUIDS |                                |                                |                                     |            |
| 17. SEWER, STORM DRAIN PROBLEMS                        |                                |                                |                                     |            |
| 18. EROSION PROBLEMS                                   |                                |                                |                                     |            |
| 19. INADEQUATE SECURITY                                |                                |                                |                                     |            |
| 20. INCOMPATIBLE WASTES                                |                                |                                |                                     |            |
| 21. MIDNIGHT DUMPING                                   |                                |                                |                                     |            |
| 22. OTHER (specify):                                   |                                |                                |                                     |            |



## VII. PERMIT INFORMATION

A. INDICATE ALL APPLICABLE PERMITS HELD BY THE SITE.

- ☐ 1. NPDES PERMIT    ☐ 2. SPCC PLAN    ☐ 3. STATE PERMIT (specify): \_\_\_\_\_  
☐ 4. AIR PERMITS    ☐ 5. LOCAL PERMIT    ☐ 6. RCRA TRANSPORTER  
☐ 7. RCRA STORER    ☐ 8. RCRA TREATER    ☐ 9. RCRA DISPOSER  
☐ 10. OTHER (specify): \_\_\_\_\_

B. IN COMPLIANCE?

- ☐ 1. YES    ☐ 2. NO    ☐ 3. UNKNOWN

4. WITH RESPECT TO (list regulation name &amp; number): \_\_\_\_\_

## VIII. PAST REGULATORY ACTIONS

- ☐ A. NONE    ☐ B. YES (summarize below)

## IX. INSPECTION ACTIVITY (past or on-going)

- ☐ A. NONE    ☐ B. YES (complete items 1, 2, 3, & 4 below)

| 1. TYPE OF ACTIVITY | 2. DATE OF PAST ACTION (mo., day, & yr.) | 3. PERFORMED BY: (EPA/State) | 4. DESCRIPTION |
|---------------------|--|------------------------------|----------------|
|                     |  |                              |                |
|                     |  |                              |                |
|                     |  |                              |                |

## X. REMEDIAL ACTIVITY (past or on-going)

- ☐ A. NONE    ☐ B. YES (complete items 1, 2, 3, & 4 below)

| 1. TYPE OF ACTIVITY | 2. DATE OF PAST ACTION (mo., day, & yr.) | 3. PERFORMED BY: (EPA/State) | 4. DESCRIPTION |
|---------------------|--|------------------------------|----------------|
|                     |  |                              |                |
|                     |  |                              |                |
|                     |  |                              |                |

NOTE: Based on the information in Sections III through X, fill out the Preliminary Assessment (Section II) information on the first page of this form.



## POTENTIAL HAZARDOUS WASTE SITE LOG

SITE NUMBER

**NOTE:** The initial identification of a potential site or incident should not be interpreted as a finding of illegal activity or confirmation that an actual health or environmental threat exists. All identified sites will be assessed under the EPA's Hazardous Waste Site Enforcement and Response System to determine if a hazardous waste problem actually exists.

SITE NAME

Draper Tractor Parts

N 8525 Freya

CITY

Spokane

STATE

WA.

ZIP CODE

SUMMARY OF POTENTIAL OR KNOWN PROBLEM

oil re-refiner  
possible PCB - messy operation

| ITEM   | DATE OF DETERMINATION OR COMPLETION | RESPONSIBLE ORGANIZATION OR INDIVIDUAL<br>(EPA, State, Contractor, Other) | PERSON MAKING ENTRY TO LOG FORM | DATE ENTERED ON LOG<br>(mo, day, yr) |
|--|-------------------------------------|---|---------------------------------|--------------------------------------|
| 1. IDENTIFICATION OF POTENTIAL PROBLEM   | Jan 1980                            | EPA / DOE   | J.W. Fey                        | 2/6/80                               |
| 2. PRELIMINARY ASSESSMENT  |                                     |   |                                 |                                      |
| APPARENT SERIOUSNESS OF PROBLEM: <input type="checkbox"/> HIGH <input type="checkbox"/> MEDIUM <input type="checkbox"/> LOW <input type="checkbox"/> NONE <input type="checkbox"/> UNKNOWN |                                     |   |                                 |                                      |
| 3. SITE INSPECTION   |                                     |   |                                 |                                      |
| 4. EPA TENTATIVE DISPOSITION<br>(check appropriate item(s) below)  |                                     |   |                                 |                                      |
| <input type="checkbox"/> a. NO ACTION NEEDED   |                                     |   |                                 |                                      |
| <input type="checkbox"/> b. INVESTIGATIVE ACTION NEEDED  |                                     |   |                                 |                                      |
| <input type="checkbox"/> c. REMEDIAL ACTION NEEDED   |                                     |   |                                 |                                      |
| <input type="checkbox"/> d. ENFORCEMENT ACTION NEEDED  |                                     |   |                                 |                                      |
| 5. EPA FINAL STRATEGY DETERMINATION<br>(check appropriate item(s) below)   |                                     |   |                                 |                                      |
| <input type="checkbox"/> a. NO ACTION NEEDED   |                                     |   |                                 |                                      |
| <input type="checkbox"/> b. REMEDIAL ACTION NEEDED   |                                     |   |                                 |                                      |
| <input type="checkbox"/> c. REMEDIAL ACTION NEEDED BUT, NO RESOURCES AVAILABLE   |                                     |   |                                 |                                      |
| <input type="checkbox"/> d. ENFORCEMENT ACTION NEEDED  |                                     |   |                                 |                                      |
| <input type="checkbox"/> (1) CASE DEVELOPMENT PLAN PREPARED  |                                     |   |                                 |                                      |
| <input type="checkbox"/> (2) ENFORCEMENT CASE FILED OR ADMINISTRATIVE ORDER ISSUED   |                                     |   |                                 |                                      |
| 6. STRATEGY COMPLETED  |                                     |   |                                 |                                      |